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|--|--------------------------------|----------|------------------------------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 <i>(fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818))</i> | | | Docket Number 62130-0014 |
| In re Application of | John Aitken GRAHAM et al. | | |
| Application Number | 10/524,149 | Filed | June 28, 2005 |
| For | SALT OF MORPHINE-6-GLUCURONIDE | | |
| Art Unit | 1623 | Examiner | E. Olson |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter appropriate fee below):

| | Large Entity Fee | Small Entity Fee | |
|--|------------------|------------------|------------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ 120 | \$ 60 | \$ _____ |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ 460 | \$ 230 | \$ _____ |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ 1050 | \$ 525 | \$ <u>525.00</u> |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ 1640 | \$ 820 | \$ _____ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ 2230 | \$ 1115 | \$ _____ |

☒ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-3840. I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

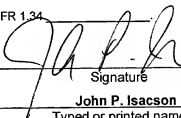
☒ attorney or agent of record. Registration Number: 33,715

☐ attorney or agent under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34: _____

Date
April 4, 2008

Telephone Number
(202) 416-6800

Customer No. **61263**



Signature
John P. Isaacson

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.